

UNITED STATES DISTRICT COURT

For the

District of

Delaware

BRIAN K Reinbold

v.

SUMMONS IN A CIVIL CASE

United States Postal Service

CASE NUMBER:

05 47

+

NALC Local 191

TO: (Name and address of Defendant)

NALC Local 191

~~RE~~ 8 South Dupont Rd
Wilmington, DE 19804

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

BRIAN K Reinbold
PO Box 7543
Wilmington, DE 19805

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLOO

CLERK

Monica Massey

(By) DEPUTY CLERK

DATE

1/28/05

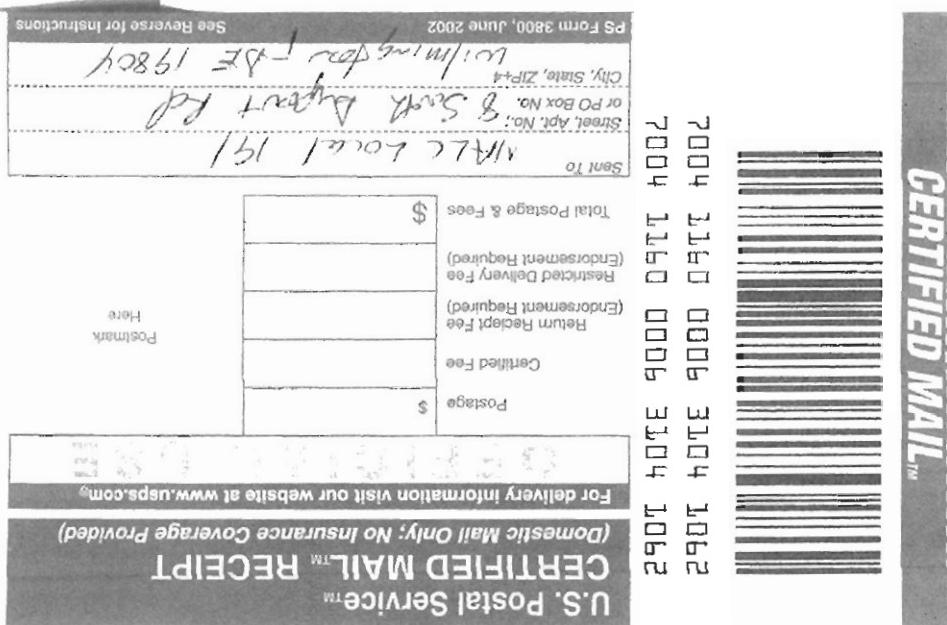
CLERK U.S.
DISTRICT COURT
OF DELAWARE
2005 MAR -7 PM 3:48
FILED

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	01/29/05
NAME OF SERVER (PRINT) <i>BRIAN K Reubold</i>	TITLE	Plaintiff
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____		
<input checked="" type="checkbox"/> Other (specify): <i>Certificate mail # 7004 1160 0006 3101 1062 w/return Receipt ON January 29, 2005</i>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES <i>\$4.42</i>	TOTAL <i>\$4.42</i>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>March 04, 2005</u> Date </p> <p><i>3909 Delaware Street, Manhattan, KS 66508</i> Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

PO BOX 2565
WILMINGTON, DE 19805-2565



COMPLETE THIS SECTION ON DELIVERY			
<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>NALC LOCAL 191 8 South Dupont Rd Wilmington, DE 19804</p>			
<p>A. Signature</p> <p>X</p>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<p>B. Received by (Printed Name)</p>		<p>C. Date of Delivery</p>	
<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>			
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			
<p>2. Article Number (Transfer from service label)</p> <p>7004 1160 0006 3104 1062</p>			
<p>DS Form 3811 August 2001</p>			
<p>Domestic Return Receipt</p>			
<p>10250-02 MA 1001</p>			

PO BOX 2565
WILMINGTON, DE 19805-2565

- Certified Mail Provides:**
- A mailing receipt
 - A unique identifier for your mailpiece
 - A record of delivery kept by the Postal Service for two years
 - Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
 - NO INSURANCE COVERAGE IS PROVIDED With Certified Mail. For valuable items, please consider insured or Registered Mail.
 - Delivery To Return Receipt Service. Please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a UPS® Posimark on your Certified Mail receipt is required.
 - For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain a Return Receipt, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a UPS® Posimark on your Certified Mail receipt is required.
 - Addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsee's name and address.
 - If a postmark on the Certified Delivery is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is needed, attach and affix label with postmark.
 - IMPORTANT: Save this receipt and present it when making an inquiry. Certified Mail is not available on mail addressed to APDs and FPDs.

NALC LOCAL 191
8 SOUTH DUPONT RD
WILMINGTON, DE 19804



Track & Confirm

Shipment Details

You entered 7004 1160 0006 3104 1062

Your item was delivered at 1:00 pm on February 01, 2005 in WILMINGTON, DE 19804.

Here is what happened earlier:

Track & Confirm

Enter label number:

- ACCEPTANCE, January 29, 2005, 12:11 pm, WILMINGTON, DE 19808

[Track & Confirm FAQs](#)

Notification Options

► [Track & Confirm by email](#) [What is this?](#) [Go >](#)



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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>NALC LOCAL 191 8 South Dupont Rd Wilmington, DE 19804</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7004 1160 0006 3104 1062</p>			